



## Electromagnetic Navigation Bronchoscopy

LOB(s): <input checked="" type="checkbox"/> Commercial  <input checked="" type="checkbox"/> Medicare  <input checked="" type="checkbox"/> Medicaid	State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other:  <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington
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### Enterprise Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

### Background

Pulmonary nodules can often be identified on x-ray or computed tomography (CT) scans of the chest. Although most of these nodules are benign, early diagnosis of malignant nodules is essential to treatment course planning and prognosis of lung cancer.

The method used to diagnose lung cancer depends on a number of factors, including lesion size and location, as well as the clinical history and status of the member, including presence of significant emphysema. Peripheral lung lesions and solitary pulmonary nodules are more difficult to biopsy with conventional bronchoscopy or endobronchial ultrasound transbronchial needle aspiration than larger, centrally located lesions. For these cases, the use of Electromagnetic Navigation Bronchoscopy (ENB) may be indicated for biopsy or treatment markers.

Electromagnetic Navigation Bronchoscopy (ENB) enhances standard bronchoscopy by providing a 3-dimensional view of the lungs. ENB devices are used in conjunction with standard bronchoscopy and are not FDA approved as stand-alone surgical devices/procedures. The purpose of ENB is to allow navigation to distal regions of the lungs, providing information to position the probe during bronchoscopy, so that suspicious lesions can be biopsied and/or to allow markers to be placed.

This procedure is conducted in three phases:

1. Planning phase: A chest CT scan is performed, and the images are loaded onto a computer to construct a three-dimensional image of the patient's lungs, identifying anatomical landmarks.
2. Registration phase: A steerable navigation catheter is placed through the standard bronchoscope. The anatomical landmarks identified in the planning phase are viewed on the three-dimensional image from phase 1, and these virtual images are correlated with the actual image from the video bronchoscope.

3. Navigation phase: The steerable navigation catheter is moved toward the target, and the real-time location of the catheter's tip is displayed on the CT images. When the navigation catheter reaches the target, it is locked in place. Once this occurs, endoscopic tools are inserted through the channel in the catheter including forceps to biopsy the lesion. A large sample size is preferred to increase the validity of the diagnosis. In addition to biopsy, the guide catheter can be used to place fiducial markers. Markers are loaded in the proximal end with a guide wire inserted through the catheter.

## Criteria

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### Commercial

#### **Prior authorization is required.**

PacificSource may consider Electromagnetic Navigation Bronchoscopy (ENB) to be medically necessary when **ALL** the following criteria is met:

- A. The pulmonary nodule is peripheral or if the pulmonary nodule is central, a failed conventional bronchoscopy with endobronchial ultrasound has been attempted
- B. Transthoracic needle biopsy cannot be done safely (e.g., nearby lung tissue with significant emphysema, risk of pneumothorax unacceptably high) or transthoracic needle biopsy already attempted without establishing a diagnosis

### Medicaid

PacificSource Community Solutions follows Guideline Note 173 of the OHP Prioritized List of Health Services and considers Electromagnetic Navigation Bronchoscopy insufficient evidence of effectiveness.

### Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of internal policy guidelines, CMS criteria, and evidence-based criteria, requests are reviewed on an individual basis for determination of coverage and medical necessity.

## Experimental/Investigational/Unproven

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PacificSource considers Virtual Bronchoscopy Navigation (VBN), Robotic-Assisted Bronchoscopy, and Electromagnetic Navigation Bronchoscopy for other uses or diagnosis not listed above under criteria to be experimental, investigational and/or unproven.

## Coding Information

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The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

31627 Bronchoscopy, rigid or flexible, with computer-assisted, image-guided navigation

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HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

## References

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## Appendix

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**Policy Number:**

**Effective:** 2/1/2022

**Next review:** 2/1/2024

**Policy type:** Enterprise

**Author(s):**

**Depts:** Health Services

**Applicable regulation(s):** Guideline Note 173 of the OHP Prioritized List of Health Service

**Commercial Ops: 5/2023**

**Government Ops: 4/2023**